

PPO and HMO Prescription Drug Plans – HSTA VB

COVERAGE	PPO Prescription Drug Plan HMSA*		HMO Prescription Drug Plan	Supplemental Plan
			Kaiser	HMSA
RETAIL PRESCRIPTION PROGRAM (30 day supply)	Participating Pharmacy	Copayment up to	Copayment	Plan pays up to
Generic and Insulin	\$5 copayment	\$5 + 30% of eligible charges	\$10	\$10
Brand Name	\$15 copayment	\$15 + 30% of eligible charges	\$10	\$25
MAIL ORDER PRESCRIPTION PROGRAM (90 day supply)	HMSA	Vendor other than HMSA	Kaiser	HMSA
Generic and Insulin	\$9 copayment	Not a Benefit	\$20	\$27
Preferred Brand Name	\$27 copayment	Not a Benefit	\$20	\$27

*A competitive Request for Proposals was issued in the Spring of 2011 for pharmacy benefit management services and a vendor was selected by the EUTF Board of Trustees. However, due to a protest/appeal being filed, the contract with HMSA is being temporarily extended.

Corrected 10/3/11